



The School Board of Brevard County, Florida

Educational Power of Attorney Revocation

Instructions: This Educational Power of Attorney Revocation shall only be used when a parent/legal guardian wishes to revoke the previously accepted Educational Power of Attorney in which he/she transferred all of his/her educational rights involving his/her child to another adult.

PARENT/LEGAL GUARDIAN AFFIDAVIT:

Reference is made to certain Educational Power of Attorney granted by _____ (parent/legal guardian) to _____ (Educational Power of Attorney Designee), on _____, 20__.

This Educational Power of Attorney Revocation acknowledges and constitutes notice that the parent/legal guardian named above hereby revokes, rescinds, and terminates said Educational Power of Attorney and all authority, rights and power thereto effective this date.

Signed this _____ day of _____, 20__.

Parent/Legal Guardian

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to and subscribed before me this _____ day of _____, 20__ by _____
Who is personally know to ne or who produced _____ as identification.

NOTARY PUBLIC, Commission No.

(SEAL)